

Anatomically considered, it will be admitted that any affection of the recurrent and internal laryngeal nerves must materially influence the voice; as these nerves constitute the chief agent, or moving power of that function. And we know, if any tumour press upon the above-named nerves, during their course, from the superior and lateral part of the medulla oblongata, to their distribution on the larynx and parts adjacent; or if these nerves should be cut by accident, or in experiments, the voice then becomes affected, or even destroyed. If such evident causes have so decided an effect upon the voice, other, or more temporary, may likewise produce similar results: at all events, these considerations should not be overlooked, as a paralytic condition, or any disease of these nerves, may as likely exist, as in those of the eye, the taste, or of motion. From these views, the propriety of cupping on the nape of the neck, and the application of blisters there, and to the occiput, in addition to the mode of treatment above detailed, appears evident; and in some cases certainly these means ought to be employed, since undoubtedly they must prove efficient and advantageous.

9. *Case of Perforation of the Heart.* By JAMES HURD.—October 9th, 1831, at 8 A. M. I was requested to visit Richard Abraham, ætat. 63. On the previous day he had followed his usual occupation of breaking stones on the road, but on his return in the evening he complained of indisposition, and in the course of the night suffered from a fixed pain in the left side of the chest, which extended across the sternum and through the right side, but still he referred to the left side as the seat of this pain.

I found him lying on his back, his head and shoulders being particularly low, the surface of the body was cool, the pulse regular and natural, beating 84 in a minute, the bowels acting properly, no thirst, the tongue rather coated in its middle, respiration perfectly free and natural, no cough, the pain not increased either by attempting to cough, or by inspiring deeply, but slightly if he turned on the left side, no lividity or other change in the appearance of the countenance.

Suspecting that an inflammation of the chest, from previous exposure to cold, was about to declare itself, I ordered the position of the patient to be altered by placing pillows under the shoulders, the surface to be kept moderately warm, and some warm gruel to be administered with two calomel and colocynth pills; promising soon to make a second visit, to determine on the necessity of bleeding and such other measures as after reaction should be established might seem called for.

In about an hour from this time he complained of sickness; he was raised in bed, retched, appeared faint, and died without further struggle or complaint.

On the following morning I examined the body with the kind assistance of Dr. Burrows, and found the pericardium distended with full two pounds of dark blood, which was partly fluid and partly coagulated. The heart was found to be perforated near its apex so as readily to admit the little finger into the left ventricle; the edges of this perforation presented the irregular appearance of a muscular part forcibly torn asunder. The other thoracic, together with the abdominal viscera, were beautifully healthy—not the slightest vestige of present or past disease could be traced. I regret that the blood-vessels were not minutely examined, but in the ascending aorta, not far from the heart, I found two portions of ossification, which did not however involve any thing approaching a circular portion of the vessel. This man had suffered frequently from chronic rheumatism, and had complained of occasional pain in the chest, attended with palpitation.

Excepting the rent in the ventricle, I observed nothing morbid in the appearance of the heart, which is placed in Mr. Richard Smith's Museum at the Bristol Infirmary, but to be quite sure of this, I wrote to Dr. Richard, from whose kind reply I quote the following.

" . . . I perceived, of course, the perforation of the left ventricle. The muscular parietes appear otherwise to be in a sound state. The only morbid

phenomenon which is discoverable, is a plate of bone, being an ossified portion of the internal membrane, including one of the aortic valves. The heart certainly appears large, particularly the left ventricle, but I am not sure that the enlargement is to a degree that can clearly be said to constitute disease."—*Lond. Med. Gaz.* Dec. 8th, 1832.

10. *On Emphysema of the Lungs in Persons who have been Strangled.*—Dr. Paris has presented to the Medical Society of Paris a memoir on this subject, which has been published in the *Transactions Medicales* for October, 1832. Dr. Paris has been led by his investigations to believe that among the serious diseases produced by strangulation, emphysema of the lungs, a not unfrequent result of that mode of death, according to him, is one of the most dangerous. The subject is one of interest, and deserving of further investigation.

11. *Cases of Spontaneous Rupture of the Heart.* By RICHARD TOWNSEND, M.D.
 CASE I. The body of a very old woman was brought into the dead-room of the Whitworth Hospital, for anatomical examination, on the 30th of August, 1832. The external appearance of the body did not in any respect indicate previous disease: on removing the sternum, the pericardium appeared unusually prominent, and of a bluish-white colour. When opened, it was found to contain more than half a pint of dark clotted blood, which completely enveloped the surface of the heart. When this coagulum was removed, the heart appeared of its natural size, but was enormously laden with fat, especially at its basis and over the right ventricle. On the anterior surface of the left ventricle near its septum, and at the distance of about an inch from the apex, a longitudinal fissure, half an inch in length, was discovered, the edges of which were jagged, and had evidently been separated by tearing; there was a slight degree of ecchymosis under the serous membrane, in the immediate neighbourhood of the wound. On laying open the left ventricle, it was found that the fissure seen on the external surface extended through the fat and muscular substance, into the interior of the left ventricle. This cavity was quite empty, all its blood having previously escaped through the wound. The length of the fissure on the internal surface of the ventricle was somewhat greater than on the external surface, but corresponded with it exactly in other respects, being a mere cleft or cleft just wide enough to admit the handle of a scalpel. The lining membrane in the neighbourhood of the rupture was soft and friable, and the columnar carnea, for about the circumference of a shilling, were of a dull white colour, and so soft as to break down under the scalpel. The left ventricle was of its natural dimensions, and its parietes of their ordinary thickness, but the muscular fibres were pale, soft, and flabby. The other cavities of the heart presented their usual appearance, except that the muscular walls of the right ventricle were as thin as paper, and coated with a layer of fat nearly half an inch deep. The valves were all remarkably healthy for a subject so far advanced in life. The coronary arteries exhibited several patches of atheromatous deposit, sufficient in many points to diminish their caliber considerably. The arch of the aorta was dilated and atheromatous. The other viscera were all healthy, and the muscles of the trunk and other extremities appeared even more firm and florid than is usually observed in persons of her great age.

Upon inquiring into the previous history of this individual, it was ascertained that she was ninety years of age, and had been a servant in the house of industry for many years; her usual occupation was that of scouring the floors; she always enjoyed excellent health, with the exception of an occasional slight cough. In her eighty-eighth year she fractured her thigh near the trochanter, but completely recovered from the effects of that accident in the usual time.

On the morning of her death, she went to the chapel in as good health as spirits as usual, and, while in the act of saying her prayers, she suddenly dropped down dead without a struggle or a groan.

CASE II. Another case, of a similar nature to the preceding, occurred in the